

2005 Surgeon General Call To Action: Historical Review & Implications 6 Years After Publication



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History- Legislation for Health Care for Persons with Disabilities

- Social Security Act
- Civil Rights Era & Rehabilitation Act of 1973, architectural Barriers Act of 1968
- Americans with Disabilities Act
- New Freedom Initiative
- Affordable Care Act of 2009

The 2005 Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities

“This call to action encourages health care providers to see and treat the whole person, not just the disability; educators to teach about disability; a public to see and individual’s abilities, not just his or her disability; and a community to ensure accessible health care and wellness services for persons with disabilities.”

The 2005 Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities

- Health care professionals must approach disability's needs in a holistic manner
- Educators have not included disability in curricula to any significant degree
- Communities must be sensitive to access to health services and supports
- Population at large must better understand persons with disabilities' abilities

2005 The Surgeon general's Call to Action to Improve the Health and Wellness of Persons with Disabilities

- GOAL 1 - People nationwide understands that persons with disabilities can lead long, healthy, productive lives
- GOAL 2 - Health care providers have the knowledge and tools to screen, diagnose, and treat the whole person with a disability with dignity

2005 The Surgeon general's Call to Action to Improve the Health and Wellness of Persons with Disabilities

- GOAL 3 - Persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles.
- GOAL 4 – accessible health care and support services promote independence for persons with disabilities.

AFFORDABLE CARE ACT OF 2009

Greater Choices and Enhanced Protections for Americans with Disabilities

- **Eliminates Insurance Company Discrimination**
- **Ends Annual and Lifetime Limits**
- **Access to Preventive Services**
- **Pre-Existing Condition Insurance Plan**

Greater Choices and Enhanced Protections for Americans with Disabilities (cont'd)

- **Allows Individuals to Stay on Parents' Plan until Age 26**
- **Expands the Medicaid Program**
- **State-based Health Insurance Exchanges**
- **One-Stop Shopping and Accessibility:**
- **Out-of-Pocket Limits**

New Options for Long-Term Supports and Services

- **Extends and Enhances the Successful Money Follows the Person (MFP) Program** through 2016 with an additional \$2.25 billion in funding.
 - Supports continuation of program in 29 participating States and DC.
 - Extends MFP to 13 new States seeking to rebalance their long-term care systems, bringing total participation to 42 States and DC.
 - Expands definition of eligible individuals.

Improves Medicaid Home-and-Community-Based Services (HCBS) Option

- **Creates Community First Choice Program (CFC).**
- **Incentives for States to Offer Home and Community-Based Services as a Long-Term Care Alternative to Nursing Homes**

Assuring Accessible, Quality, Affordable Health Care for People with Disabilities

- **Preventive Care for Better Health**
- **Accessible Examination Equipment**
- **Health Disparities**
- **Improves Care for Chronic Disease:**

Affordable Care Act – Key Provisions for Public Health and Data Collection

Section 4302 concerned with data collection, analysis and quality related to understanding of health disparities.

Provisions affect data collection, analysis and reporting in HHS and also specifically the Current Population Survey (Bureau of Labor Statistics in Dept. Labor) and the American Community Survey (Bureau of Census in Dept. of Commerce).

Applies to “any federally conducted or supported health care or public health program, activity or survey.”

Affordable Care Act – Key Provisions for Public Health and Data Collection

Within 2 years of passage, data to be collected and reported for “applicants, recipients, or participants” on five demographic variables (to the extent practicable):

Race/Ethnicity

Sex, Primary language, **Disability status**

The purpose is to “detect and monitor trends in health disparities”

American Community Survey

<http://minorityhealth.hhs.gov/section4302/>

Section 4302

Survey Questions

- Survey providers to assess access to care and treatment
- Locations where people with disabilities access primary, acute, long-term care
- Providers with accessible facilities
- Number of employees trained in disability awareness and patient care



Disparities at HRSA

RESPONDING TO THE CALL

Shortage Designations and People with Disabilities

- HRSA – Negotiated Rule-Making Committee
 - Strong advocate
 - Various conditions under the umbrella of disabilities for MUP
 - People with disability will likely apply to MUP designation – streamlined process
 - Health professions shortage area facility designation – magnet facility

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Assuring Health Equity for Minority Persons with Disabilities – *A Statement of Principles & Recommendations*

- Coming soon

**HHS Advisory Committee
On
Minority Health**

National HCBS Quality Enterprise

- An individual experience survey for HCBS participants
 - Measuring quality
 - Medicaid long-term services and supports

CMS - AHRQ



CURRICULUM DEVELOPMENT AT HHS-OS/OD

Why Developing a Disability Curriculum?

- 54 million with some form of disability
- Tools and knowledge to promote wellness
- Secondary conditions prevented or treated successfully to improve outcomes
- Integrated, culturally sensitive and respectful health care services – whole person

Why Developing a Disability Curriculum (cont'd)?

- Advances in technology, diagnostics and treatment - longer infant survival, survival into adulthood and old age
- Multiple comorbidities, particularly in older adults will likely increase disability rates worldwide
- Military-related disabilities

Areas of Core Knowledge & Competence on Disability

- Conceptual framework: human diversity, illness, lifespan, social/cultural environments
- Skills to assess disability, illness functional consequence, physical environment
- General principles and management skills
- Skills to identify pertinent health and health care info and resources
- Understanding of quality of life
- ADA - legal requirements

2008 Recommendations
Office on Disability

National Medical Curricular Initiative in Developmental Medicine

- Mountain Area Health Education Center
- American Academy of Developmental Medicine & Dentistry
- Focus
 - Residency training
 - Intellectual/developmental disability
 - Adults

**OUTSTANDING JOB IN
CONTINUING THE SURGEON
GENERAL CALLs**

Conclusions

- There have been many advances in science and technology to address the needs of people with disabilities
- However, last March 2010 when we enacted the Affordable Care Act, we helped fulfill the promise of Americans with Disabilities Act and the 2005 Call to Action in many ways. We opened a broad range of opportunities for new advancements.

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THANK YOU!

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